# Benefits

1. What do you think has the highest priority for you?

- [ ] Mobile Phone

- [ ] Portable PC

- [ ] Company Car

- [ ] Insurance

- [ ] Annual Variable

- [ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long have you been in your current role?

- [ ] Less than 1 year

- [ ] 1-3 years

- [ ] 3-5 years

- [ ] 5-10 years

- [ ] More than 10 years

3. On a scale of 1 to 10, how satisfied are you with the benefits provided by the company? (1 being very dissatisfied, 10 being very satisfied)

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

- [ ] 6

- [ ] 7

- [ ] 8

- [ ] 9

- [ ] 10

4. Which of the following benefits do you find most valuable? (Select all that apply)

- [ ] Health insurance

- [ ] Dental insurance

- [ ] Vision insurance

- [ ] Retirement plans (e.g., 401(k))

- [ ] Paid time off (PTO)

- [ ] Flexible working hours

- [ ] Remote work options

- [ ] Employee assistance programs (EAP)

- [ ] Tuition reimbursement

- [ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you feel that the benefits provided adequately meet your needs?

- [ ] Yes

- [ ] No

- [ ] Somewhat

6. What additional benefits or perks would you like to see offered by the company?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Are there any existing benefits that you perceive not aligned or well dimensioned with respect to your seniority?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is the access to benefits pack effectively communicated by the company to employees?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Any other suggestions or comments regarding the benefits provided by the company?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_